

APPLICATION FOR VICTUALER'S LICENSE

CITY OF WATERVILLE, MAINE

Owner: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

D/B/A: _____

Phone: _____ **Email:** _____

Business Address: _____

Date Starting Business: _____

Seating Capacity: _____

Do You Plan To Serve Alcoholic Beverages? _____

What Liquor License Do You Now Hold? _____

State License No: _____

Do You Have A State Health Permit? Yes ___ No ___ **Have Applied** ___

Owner's Signature